Amendments to the Claims

Please note that these amendments include the cancellation of claims 1-10, 12-14 and 16-19.

1-10 (canceled)

11 (currently amended): A method of monitoring the progression of a disease or disorder resulting from HIV infection in a patient, the method comprising:

(a) measuring the number of ~~interferon-producing~~ pDC2 cells in a lymphoid tissue or blood sample obtained from ~~a subject having the disease or disorder~~the patient; and

(b) comparing the number of ~~interferon-producing~~ pDC2 cells in said sample with the number of ~~interferon-producing~~ pDC2 cells in ~~a control sample or~~ a previously determined reference range,

wherein a number of pDC2 cells in the patient sample below the number of pDC2 cells in the reference range indicates that the disease or disorder is progressing.

12-14 (canceled)

15 (currently amended): A method of assessing the effectiveness of a therapeutic or pharmaceutical composition in treating, inhibiting or ameliorating ~~a symptom in a subject suffering~~ a disease or disorder resulting from HIV infection in a patient, the method comprising measuring and comparing the number of ~~interferon-producing~~ pDC2 cells in a lymphoid tissue or blood sample obtained from the subject before and after treatment with the therapeutic or pharmaceutical composition, wherein an increase in the number of pDC2 cells in the sample after treatment indicates that the composition is effective.

16-19 (canceled)

20 (new): The method of claim 11, wherein the disease or disorder is an opportunistic infection.

21 (new): The method of claim 11, wherein the lymphoid tissue or blood sample is a peripheral blood sample.

22 (new): The method of claim 11, wherein the pDC2 cell number is determined by counting $CD4^+$ $CD3^-$ $CD11c^-$ cells.

23 (new): The method of claim 22, wherein the pDC2 cells are isolated before counting.

24 (new): The method of claim 23, wherein the pDC2 cells are isolated by magnetic-bead depletion of B, T and natural killer (NK) cells and monocytes, followed by fluorescence activated cell sorting.

25 (new): The method of claim 15, wherein the disease or disorder is an opportunistic infection.

26 (new): The method of claim 15, wherein the lymphoid tissue or blood sample is a peripheral blood sample.

27 (new): The method of claim 15, wherein the pDC2 cell number is determined by counting $CD4^+$ $CD3^-$ $CD11c^-$ cells.

28 (new): The method of claim 27, wherein the pDC2 cells are isolated before counting.

29 (new): The method of claim 28, wherein the pDC2 cells are isolated by magnetic-bead depletion of B, T and natural killer (NK) cells and monocytes, followed by fluorescence activated cell sorting.

30 (new): A method of monitoring the progression of a disease or disorder resulting from HIV infection in a patient, the method comprising:

(a) measuring the number of pDC2 cells in a lymphoid tissue or blood sample obtained from the patient; and

(b) comparing the number of pDC2 cells in said sample with the number of pDC2 cells in a control sample, where the control sample is from a subject or subjects having the disease or disorder that is progressing,

wherein a number of pDC2 cells in the patient sample above the number of pDC2 cells in the control sample indicates that the disease or disorder is not progressing.

31 (new): The method of claim 30, wherein the disease or disorder is an opportunistic infection.

32 (new): The method of claim 30, wherein the lymphoid tissue or blood sample is a peripheral blood sample.

33 (new): The method of claim 30, wherein the pDC2 cell number is determined by counting $CD4^+$ $CD3^-$ $CD11c^-$ cells.

34 (new): The method of claim 33, wherein the pDC2 cells are isolated before counting.

35 (new): The method of claim 34, wherein the pDC2 cells are isolated by magnetic-bead depletion of B, T and natural killer (NK) cells and monocytes, followed by fluorescence activated cell sorting.